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ABSTRACT

This document describes the present federal effort on behalf of learning disabled children, beginning with its recent history. It traces the field of learning disabilities as a subspecialty within education from 1963, when a steering committee was appointed to organize a symposium on "The Child with Minimal Brain Dysfunction," through the Learning Disability Act of 1969, to the federally-sponsored Child Service Demonstration Programs and the Leadership Training Institute in Learning Disabilities. It details the main characteristics of the 43 demonstration programs and the various components of the Leadership Training Institute. (DDO)

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The staff of the LTI-LD, however, feels that the contents of this Preview Series are significant enough to warrant the attention of professionals concerned with the education of the learning disabled. We sincerely hope that this series is relevant to professionals and that it will be shared within the educational community.

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MODEL CENTERS PROGRAM FOR LEARNING DISABLED CHILDREN: HISTORICAL PERSPECTIVE[1]

Gerald M. Senf[2]

I thought it would be useful for you to know about the historical background to the presently functioning federal programs for learning disabled children because it tells us quite a bit about how the category "learning disability" has changed over the last decade owing to the development of the sub-specialty within education called Learning Disabilities. I think it is very important from the research perspective that this conference has adopted that we recognize that the educator's conception and applied orientation has been changing year by year. If we as researchers accept into our studies those children designated to us by the educators as "learning disabled", we are going to be continually in a state of flux. We must achieve our own measurable definition of the disabilities we study if we are to advance knowledge. We presently must deal with the enormous problem of interpretation created by non-comparable samples subsumed under the same disability label. The sample compositions vary with the passage of time, as the brief history of Learning Disabilities will imply. Sample composition also varies geographically, the widespread inner city educational difficulties often being categorized similarly to those possessed by a small percentage of affluent suburbanite children despite obvious differences in their functional nature. In my experience, research done at pediatric and neurology clinics utilize quite different learning disabled children from those drawn from special education schools which in turn differ from those designated within the public school setting. Those called learning disabled vary from state to state and from one locality to another, the use of the label being dependent more upon administrative and quasi-legal

concerns than on a conviction about learning disabilities per se. I shall develop this line of thought in my talk tomorrow on research problems. Today, I would like to limit my remarks to a description of the present federal effort on behalf of learning disabled children beginning with its recent history.

I trace the recent history of the field of learning disabilities as a sub-specialty within education to 1963 when a steering committee was appointed to organize a symposium on "The Child with Minimal Brain Dysfunction" by the National Society of Crippled Children and Adults and the Neurological and Sensory Disease Control Program of the United States Public Health Service. At this point in time, the emerging field of "Learning Disabilities" was derived from two major schools of thought, one medical-neuropsychological and the other psycho-educational.

"The medical-neurological thread is the older of the two, stemming from the neurological theorizing of Samuel Orton (1937) and earlier investigators such as Morgan (1896) who sought physically based explanations for inadequate school performance, specifically in reading. This orientation gained its widest acceptance in the hands of Strauss (Strauss and Lehtinen, 1947; Strauss and Kephart, 1955) through whom the concept of minimal brain damage was introduced into the educational arena. Since this early work, research on brain-behavior relationships and other physical bases of learning problems have continued, primarily outside of the field of education, e.g., in neuropsychology, pediatrics, and pharmacology. The general influence of Strauss and his colleague Heinz Werener are presently still felt through their influential students, who include Newell Kephart (1960, 1963) and William Cruickshank (Hallahan and Cruickshank. 1973).

"The second thread represents, in part, a reaction against this etiologically oriented "medical" approach, stressing instead an educationally relevant psychological description of the disabled child's functioning. Focusing more heavily on treatment, i.e., educational remediation, the psychoeducational model seeks to measure the child's educationally relevant skills and prescribe appropriate remedial activities individually tailored to the child's specific strengths and weaknesses. This orientation is based in psychology, though the immediate historical precedent derives as well from other subspecialties within eudcation, such as mental retardation and remedial reading" (Senf, 1973).

The steering committee for the symposium on the child with Minimal Brain Dysfunction proposed three task forces. The first concerned itself with terminology and identification. Though authored by a psychologist (Clements, 1966), the first task force was dominated by medical-neurological thinking, the resulting choice of the term "Minimal Brain Dysfunction" reflecting this orientation. The second task force reviewed available services and authored a report (Haring and Miller, 1969). The third task force reviewed relevant research, its title, Central Processing Dysfunction in Children, reflecting its authors' educational orientation (Chalfant and Scheffelin, 1969).[3]

In the same year, 1963, Public Law 88-164 allocated training funds for special education. Learning Disabilities were not so named but training funds were made available under the rubric "crippled or other health impaired who by reason thereof require special education and related services." At the same time, Samuel Kirk was the chief of the Bureau of Education for the Handicapped (BEH) through which the federal

monies were dispursed. Dr. Kirk, one of the authors of the Illinois Test of Psycholinguistic Abilities, was favorably disposed toward a psychoeducationally-based concept of learning disabilities and as Bureau Director allocated money for teacher training programs in learning disabilities at Colleges of Education.

In 1964 a parent-professional group, the Association for Children with Learning Disabilities (ACLD), was formed. That group, in searching for a name, was reportedly influenced by Kirk who championed the term "Learning Disabilities" over the term "Minimal Brain Dysfunction" due to its focus on "education and training rather than on etiology" (Kirk, 1970). In adopting the educationally oriented designation for their organization, ACLD moved themselves closer to education than the medicine.

Now ten years old, ACLD has a membership over 20,000, sponsors a very well-attended annual conference and has local- and state-wide chapters which exert considerable influence on both state and federal legislation. In fact, ACLD was purportedly instrumental in obtaining passage of the Learning Disabilities Act of 1969, the legislation presently supporting the Model Centers and the Leadership Training Institute in Learning Disabilities which I shall describe later on.

It is important to note the growth of an educationally-based concept of disability (apart from the medical-neurological orientation) supported by federal legislation, federal money, the institution of teacher training programs, and an active parent-professional organization. The term "learning disabilities" was becoming fashionable. Being more acceptable to educators and parents than "minimal brain dysfunction", the classification quickly became overly if not indiscriminately applied.

A couple years later, in 1966, a unit on Learning Disorders and Interrelated Areas was added to the Division of Training Programs within BEH, U.S. Office of Education. For the first time the term "learning disabilities" acted as a categorical funding base for teacher training programs at universities. A conference followed immediately of the administrators of each of the eleven funded training programs. Corrine Kass, Professor of Special Education at the University of Arizona and conference organizer, states that "a strong feeling of growing professional identification"... permeated the conference even though... "problems surrounding a label and definition were not yet resolved" (Kass, 1970).

So in the mid 60's special educators were carving out a domain called Learning Disabilities. I think this is very important for psychologists and physicians, both practitioners and researchers, to recognize that many of the tasks and responsibilities of other professions were being undertaken by learning disability specialists. New role relationships were being instituted.

The following year an advanced study institute at Northwestern University forged an educational definition of learning disabilities to supercede the medical one of Task Force I (Clements, 1966). Kass and Mykelbust (1970) published the definition in the Journal of Learning Disabilities, the new journal itself being yet another indicant of the burgeoning field.

The educational definition forged at the Northwestern Conference can be contrasted with that of the medically-orientated Task Force I. Task Force I searched the literature to reveal 38 terms which described the "minimal brain dysfunction syndrome" (MBD). These included organic

aspects such as "organic brain disease," "cerebral dysfunction," and "minimal chronic brain syndrome". Other terms referred to a segment or consequence of the total syndrome such as "the hyperkinetic behavior syndrome," "character impulse disorder," "dyslexia," "perceptually handicapped," "aphasoid syndrome," and "attention disorders." The MBD syndrome included "children of near average, average or above average general intelligence with certain learning or behavioral disabilities ranging from mild to severe, which are associated with deviations of function of the central nervous system. The deviations. . . manifest themselves by various combinations of impairment in perception, conceptualization, language, memory, and control of attention, impulse, or motor functions" (Clements, 1966). Note that the definition includes an etiological statement about who was to be included in this group: those who manifest "deviations of function of the central nervous system."

Further search of the literature yielded 99 symptoms often associated with MBD, the ten most frequently noted in descending order of occurrence being: (1) hyperactivity, (2) perceptual-motor impairments, (3) emotional lability, (4) general coordination deficits, (5) disorders of attention (short attention span, distractibility, perservation), (6) impulsivity, (7) disorders of memory and thinking, (8) specific learning disabilities, as in reading, arithmetic, writing, spelling, (9) disorders of speech and hearing, and (10) equivocal neurological signs and electroencephalographic irregularities. Despite the apparent protean nature of the disability, Task Force I suggested that clusters within the 99 symptoms likely do exist, pointing to the "hyperkinetic syndrome," "primary reading retardation", and the "aphasias" as examples.

Those familiar with traditional toxonomic diagnosis will recognize the methods of Task Force I. It is admittedly different from educationally oriented diagnosis. Task Force I stated that "The objective of medical diagnosis is to demonstrate the existence of any causative factors of disease or injury capable of amelioration or prevention. The educational diagnosis involves the assessment of performance and capabilities...to make possible the establishment of appropriate remedial programs of management and education." (Clements, 1966)

They might have added that toxonomic diagnosis (categorization) represented by medical diagnosis also serves to form units for research within which lawful patterns can empirically be determined be they variables related to "causative factors of disease or injury" or to other non-organic variables of interest such as remedial programming. The taxonomic approach, I would argue, is well-suited for psychoeducational research as well as for etiological research. At any rate, the etiological emphasis did not appeal to special educators; the empirical search for symptom patterns has only recently been begun, typically under the impetus of non-educational personnel.

The growing isolation of special education's subfield of Learning Disabilities was epitomized by their search for an educational definition and the ensuing professional developments. The definition they forged emphasizes the educational nature of the problem, its psychoeducational underpinnings, and the necessity of special education remedial techniques. They write:

> "Learning disability refers to one or more significant deficits in essential learning processes requiring special education techniques for remediation. Children with learning disability generally demonstrate a discrepancy between expected and actual

> achievement in one or more areas, such as spoken, read, or written language, mathematics, and spatial orientation.
>
> The learning disability referred to is not primarily the result of sensory, motor, intellectual, or emotional handicap, or lack of opportunity to learn.
>
> Significant deficits are defined in terms of accepted diagnostic procedures in education and psychology.
>
> Essential learning processes are those currently referred to in behavioral science as involving perception, integration, and expression, either verbal or non-verbal.
>
> Special education techniques for remediation refers to educational planning based on diagnostic procedures and results." (Kass and Myklebust, 1969)

The only reference to etiology is exclusive rather than inclusive. The broad language, not at all dissimilar to that later utilized by the Federal Advisory Committee for legislative purposes, has allowed room for considerable interpretation on the part of diagnosticians. Incidence estimates, for example, range from less than 1% to greater than 30%. Diagnostic unreliability and considerable confusion at the applied level have resulted. For instance, one federally funded program for learning disabled youngsters were providing resource room assistance for 7 of 15 children with not a single Iowa Test of Basic Skills score below the 30th percentile. The point I am making is that variability in a learning disability sample's characteristics will be the rule rather than the exception. Similar to research on various psychopathological conditions such as schizophrenia, neurosis, and psychopathy, learning disability research will have to evolve its own definitions (measurement techniques) if it is ever to discover generalizeable principles. I have discussed these issues in greater length in a recent publication (Senf, 1973).

The educational definition may most accurately be viewed as a symbol of professional identity rather than as a set of classificatory principles for the practitioner. In a similar vein, 1968 saw the creation of the Division of Children with Learning Disabilities within the Council for Exceptional Children. Journals evolved to further intra-group communication have followed, creating a communication apparatus for educators independent of the medical and psychological professions.

The field of Learning Disabilities quite understandably wants to take the lead where they feel they have the most to offer. McCarthy (1972) argues this position most succinctly in pointing out that the learning disability is typically first noted in the educational arena and that the educator must deal with the problem 30 hours per week. With education seen as the "base of the triangle" of service to learning disabled children, McCarthy argues that educators should be primarily responsible for remediation with psychologists, physicians, and others viewed as support personnel.

The loss of the interdisciplinary focus has had severe costs, especially in research areas. For example, I was asked this past year to give a talk at the annual CEC Conference on research directions in learning disabilities. It turned out that there were only four talks of a total over 100 that could be considered as research related. The Research Committee of DCLD for the second year in a row did not make a report at the business meeting. One asks, how does an organization which has presumably taken the lead in educating children with learning problems support its opinions if it does not do research? Does it draw upon the allied professions, or does its isolation result in its serving learning

disabled children with ideas drawn from the 50's? This is somewhat of a rhetorical question. I certainly think Learning Disabilities is adrift. Just recently, however, the new President of DCLD, Gene Ensminger of Georgia State University, has set about reducing the isolation which he agrees has occured.

The most recent history, that enabled by the Learning Disability Act of 1969, can now be described. Through the efforts of the Association for Children with Learning Disabilities and many interested professionals, Congress passed the so called LD Act of 1969, incorporating it into the Elementary and Secondary Education Act of 1970 as Title VI-G.

That act was to provide somewhere in the neighborhood of 85 million dollars over four years for the training of professionals, for research into learning disabilities, and for service to learning disabled children. The first year of funding, 1970-71, no money was allocated. Out of a second year authorization in the neighborhood of 20 million, 1 million dollars were actually provided. The Bureau (BEH, OE) decided, purportedly without much imput due to the time constraints, to disperse these funds directly to state departments of education for establishment of model centers called Child Service Demonstration Programs. CSDP s in each of eight different states were funded, the notion being that the money should be distributed across the country, each state getting one model center. The Bureau also spent money for a Leadership Training Insitute in Learning Disabilities (LTILD). The reasoning here was that eight different programs around the country could utilize consulting assistance from a central organization which in turn could learn from the CSDPs ideas useful to programs in other states. The LTILD is the group with which I

am now associated.

I joined the group in its second year 1972-73. That year the funding had risen slightly and there were then 23 CSDPs in 23 different states. Each program was granted between 125 and 150,000 dollars for two years, a small sum for most state departments of education. I am told that BEH was cognizant of this fact but viewed the grants as seed money to catalyze the states' thinking about programs for learning disability children and to enable them to try out programs. Successful programs were to be replicated during the second year of funding and eventually supported by state and local monies.

At present, there are 43 Child Service Demonstration Programs operating in 41 different states plus Puerto Rico and a North Carolina based project operated by the Bureau of Indian Affairs. Because of the nature of the VI-G funds, learning disabled children specifically must be served by the program. Each state must interpret the meaning of the term learning disabilities, both in constructing an appropriate program and selecting children for service. Some programs acknowledge service to other handicapped children or to children who could be termed learning disabled but have some additional handicapping condition. For example, at least one project is serving culturally and economically deprived youngsters, two are serving socially and emotionally maladjusted children, and at least two of the projects have educationally mentally retarded children being served in the same setting as the learning disabled. Some programs operating in states that distinguish between learning disabled and brain damaged children are serving both under this legislation. Other programs, because of their theoretical and practical

nature, provide help to non-handicapped children as well. Such programs are typically those providing consultant help to regular classroom teachers, the beneficial effect of the consultant's suggestions purportedly aiding in the curriculum planning for all of the classroom's children rather than just the one or two minimally handicapped youngsters.

Though the funding is allocated to state departments of education, they typically chose a local education agency to operate the model center. The degree of both involvement and control by state level personnel varies widely, some maintaining control of day to day decisions at the state level while others actually subcontract all of the funds to the local education agency.

The keynote of each program, being funded through the Service Branch of the Bureau of Education for the Handicapped, is their specific strategies for delievering services to the learning disabled child. Typically, the programs have a child service focus, though some incorporate teacher training and parent involvement as major aspects of the total program. The majority of the programs deal with elementary school children, about ½ of the projects involving youth at the secondary level. Nearly all of the projects with a direct child service component stress some form of mainstreaming, that is, reincorporating or maintaining learning disabled children within the regular classroom context. Not a single project advocates the sole use or initiation of a self-contained classroom program. (Parenthetically, the research minded listener should note what such programs must mean in terms of the types of children being served. The listener with a medical orientation most likely cannot believe that the severe MBD child whom they see in their offices can possibly

be being returned to the regular classroom. In fact, they are not. Rather, less seveve cases, perhaps heavily represented by corrective reading cases, minor emotional problems, slow learners, and so forth are now being labelled learning disabled. The implications for the selection of research samples has already been noted).

While nearly all projects incorporate mainstreaming, there may or may not exist other options for placement, such as special personnel consulting to the classroom teacher, resource room placement for part of the day, a previously available self-contained class placement for extremely difficult problems if they arise, and auxiliary personnel for specific handicaps such as in hearing and vision.

Selection of children for the programs generally follows one of two procedures, either teacher referral of some form of mass testing. The Evaluation Research Component at the Leadership Training Institute has initiated an examination of the selection methods used by CSDPs in order to understand more clearly what procedures are being used in the field to choose children for these special programs. Because the data are not yet collected I can only speak from my experience in dealing with a large number of the programs. Typically, regular classroom teachers are asked to identify learning disabled children with the federal definition[4] being used as a guideline. A followup assessment is then used to eliminate mentally retarded children from the program and to determine whether there are grounds for calling the child learning disabled. Typically, all that is required in practice is that the child's IQ on some measure be within 1 and sometimes even 2 standard deviations of the mean and that he be achieving below his age expectancy. Seldom does a

project adjust the child's expected achievement score in terms of IQ, e.g. (VandeVoort, Senf, and Benton, 1972). Typically, the screening procedure utilizes both testing and teacher referral as well as the vagueries of parent pressure and administrator assignment of children. While the selection procedures are not necessarily haphazard, they are extremely variable so that the researcher who selects unquestioningly the diagnosis of learning disability is courting serious problems.

The remedial programs likewise vary considerably from one program to the next. While none of the programs are devoted exclusively to the contingency management brand of behavior modification so prominent in programs for mentally retarded youngsters these days, one program is totally commited to precision teaching. Based on the work of Ogden Lindsley of Kansas, this program operating in the state of Washington has been directed by one of Lindsley's former students until this year. Because of the brevity of this presentation, I shall not take time to define the procedures involved in each of the memedial programs I shall mention. Those not familar with the terms I shall use can get a brief overview in another paper I have recently written (Senf, 1973).

The majority of programs utilize what is known in special education as the diagnostic-prescriptive approach. Here, the learning disabled specialist utilizes a wide variety of diagnostic tests including assessment of perceptual motor functioning, language functioning, auditory discrimination abilities and other phychological dimensions thought to be important for school achievement. Working with the child's strengths in order to remediate his weaknesses, the specialist will then construct a remedial program tailored to the individual child. Depending on the

training or theoretical background of the specialist, sometimes the remedial program emphasizes strengthening the aberrant underlying processes such as weak visual-motor ability while others direct themselves toward the deficient school skills themselves , modifying only the method of material presentation to fit the child's strengths rather than attempting to remediate the underlying process deficiency. More typically, the distinction between these two approaches is not clearly drawn by the specialists, each seeming to have his own beliefs about how best to teach children.

Some programs are more oriented toward the broader strategy for the delievery of service rather than the specific theory upon which the remedial effort is based. Such an interest makes sense in terms of state level planning where the mechanisms for delivery of service are of most critical concern. For example, a state may adopt a resource room approach, creating a classroom where a child can receive supportive help from less than 1 to as many as 5 hours per week in the subjects in which he is deficient. Another state may utilize a consulting model in which learning specialists without specific caseloads are used to provide assistance to the regular classroom teachers in order that the disabled child can remain in the regular classroom and yet receive supportive services. Other states, where all personnel who carry the job title of teacher must have a caseload, may run a consulting model where the itinerant teacher works directly with the child as well as with the child's regular classroom teacher. The varieties may appear somewhat limited but, in practice, almost every conceiveable variant on the themes I have mentioned appears to be in practice. The pity of it all is that the data

that could be collected to answer questions about the efficacy of these various intervention models will not be forth coming because program evaluation has been centered within each project rather than allocated to a single source which could then spend the sizeable sum to examine the efficacy of the various strategies.

A second major component to the programs besides child service is in-service training for teachers. The desire here is to create teaching personnel more atuned to the special needs of handicapped learning disabled children. These programs typically involve monthly or semi-monthly in-service workshops though some of the programs have more extensive teacher training components. One of the older programs, which had previously operated on other federal funds before becoming a VI-G program, offers internships for surrounding special education personnel so that they will become capable in training others just as they themselves have been trained at the parent center. This notion of the student immediately becoming the teacher of others has become quite popular in education, not only because it does have a logical ring to it but also quite obviously because it is efficient. There have been many complaints that I have heard from many quarters about the inadequacy of university based training of teachers. The in-service effort is an attempt to fill the training gap purportedly left by university programs.

A third component, less frequently represented than the other two, concerns the involvement of parents in the service to the learning disabled child. At the very least, parents are typically involved in the advisory committees to the projects. In some projects parents actually become involved as classroom aides or as para-professional assistance in the

administration of screening instruments for child selection. In other cases the involvement is limited to becoming acquainted with the field of learning disabilities and becoming active in local chapters of the Association for Children with Learning Disabilities. Parent involvement is also stressed in a number of programs by dramatically increasing the number of conferences between the teacher and the parent concerning a child in the project. A number of the projects are also involved in creating parent handbooks on learning disabilities or in training parents how to aid in the child's education through activities at home.

By virtue of their being funded under VI-G, all 43 projects receive consulting services from the Leadership Training Institute in Learning Disabilities, itself a federal project funded under Title VI-G. Since its inception the Leadership Training Institute (LTILD) has been based at the University of Arizona, College of Education, Department of Special Education with George Leshin, the Department of Special Education's Head being its principal investigator. The LTILD is presently in its third year of operation, its first year being devoted primarily to a survey of the field of learning disabilities and the resultant drafting of a number of state of the art papers. Dale Bryant of Teachers Colllege, Columbia was the project director during that first year with Corrine Kass of the University of Arizona being associate director.

Jeanne McCarthy has been project Director since the second year. The emphasis during the second year shifted from the product oriented state of the art work of the previous year to a so-called process oriented approach in which direct consultant service to the then 23 model centers was the LTILD's primary responsibility. It was hoped that by

providing consulting services, the quality of the projects would be improved. Also, by having a few people knowledgeable about the whole range of programs, a cross-fertilization of ideas could be accomplished.

This present year has been a continuation of the second year effort with 20 additional programs having been added to the funded list. In addition, however, the Leadership Training Institute has itself changed in a couple basic ways. First, the Institute has increased in size in order to keep pace with the demands made upon it by the CSDPs. The second change involves the addition of two new LTILD functions: the most sizeable addition is the Evaluation Research Component which I direct while a smaller proportion of our resources is devoted to a Training Component.

The Training Component sponsored two courses offered last summer at the University of Arizona, one concerning administration of special education programs, the other on diagnosis and remediation of learning disabilities. Other training component activities will involve one day workshops just prior to the ACLD and Council for Exceptional Children Conferences this winter and spring. These workshops will be for selected teacher trainers at colleges of education around the country and will concern relevant topics from related disciplines. One of the programs will involve recent research in information processing organized by Don Norman and Peter Lindsay. The second workshop will involve either psycholinguistics or neurology.

The Evaluation Research Component of the Leadership Training Institute has the central purpose of providing backup support to the technical assistance functions. It is more product oriented in its

approach and hopes that its efforts will be disseminable beyond the needs and interests of the 43 CSDPs.

The Evaluation Research Component has undertaken a number of projects. These include an examination of the characteristics of the children actually being served by the Child Service Demonstration Programs in an effort to provide feedback to states and federal government agencies about how the legislation for learning disability children is being operationalized. We are similarly examining the screening methods used by the 43 programs in an effort to evolve a summary statement of the various methods in use and the strengths and weaknesses of each of the types of procedures. Another project involves collecting data on all of the programs along a variety of dimensions interesting to practitioners and program initiators so that they will have some touchstone to use when planning new programs. Such a data base will hopefully have many other uses. Another project involves the creation of a file of assessment instruments useful for the screening and diagnosis of learning disabled children and for the evaluation of programs involving such children. Such a file would be useful in assisting programs who need such procedures reccommended to them and will also be helpful to others through further dissemination in the form of packets of suggested tests to serve certain specific purposes such as preschool screening, the evaluation of in-service programs for teachers, the assessment of gains in school skills, and so forth. This project typifies the central theme of our Evaluation Research Component which is to assemble and disseminate those procedures that are already available, thereby making practice as up-to-date as possible. There are a variety of other projects such as an overview of

secondary programs for learning disabled children at the secondary level that Dr. Wiederholt and Dr. McCarthy are working on. Dr. Anderson and I are constructing a manual for the projects and others to use for evaluating special education programs, the manual providing a step by step set of procedures which the project director without previous experience with evaluation can utilize to construct a credible and useful evaluation. One final project that we are undertaking involves a study of the Child Service Demonstration Programs as new institutions. Viewed within an organizational psychology framework, these settings must be well administrated and organized so that they are capable of providing new kinds of services for which they were initiated. In our evaluation technical assistance, I found so often that the efficacy of the program was determined much less by the specific intervention strategy or theoretical model adopted by the personnel than by the organizational aspects of the settings and its administrative character. The "setting study" as we have termed it is under the co-direction of Dr. Steven Reiss and myself, Reiss being a psychologist at the University of Illinois, Chicago. We hope this study will provide a framework for assessing the efficacy of settings independent of their specific educational focus.

I have only begun to tell you about the model centers and the Leadership Training Institute. It should be clear how far the field of learning disabilities has come in the last ten years. Those initially interested in minimal brain damage as an area of study must recognize that the new term, learning disability, can in no way be considered synonomous with MBD as addressed by the medically oriented Task Force of nearly a decade ago. As the field of Learning Disabilities strives to

serve more and more underachieving children, the nature of the population we call "learning disabled" will continue to change. As I shall discuss in my talk tomorrow, it is critically important for the research effort in this broad area of educational disabilities for researchers to evolve their own taxonomic structures complete with specific measurement criteria for their study of these disabling problems.

FOOTNOTES

1. This paper derives from a talk presented at the Texas Tech Invitational Conference on the Learning Disabilities Minimal Brain Dysfunction Syndrome: research perspective and applications. October 19-20, 1973.

2. Dr. Senf is Associate Professor of Special Education and Evaluation Research Director for the Leadership Training Institute in Learning Disabilities, College of Education, University of Arizona; on leave of absence from University of Illinois, Chicago where he is Associate Professor of Psychology.

3. These three task force reports are available through the Easter Seal Research Foundation Chicago, Illinois or through the Government Printing Office, Washington, D.C. 20402 for $.20, $1.00 and $1.25 respectively.

4. Definition authored by the National Advisory Committee on Handicapped Children (1968):

> "Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or in arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage."

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